

SENATE BILL 4011

By Black

AN ACT to amend Tennessee Code Annotated, Title 68,
Chapter 1, relative to stroke awareness and
prevention.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act shall be known and may be cited as the "Tennessee Stroke Registry Act of 2008".

SECTION 2. Tennessee Code Annotated, Title 68, Chapter 1, Part 19, is amended by adding the following language as a new section:

Section 68-1-1903.

(a) The department of health through the Tennessee stroke systems task force shall maintain a statewide stroke database that compiles information and statistics on stroke care that align with the stroke consensus metrics developed and approved by the American Heart Association, Centers for Disease Control and Prevention and The Joint Commission. The task force shall make aggregate data available to the public health community via an annual report. The task force shall support this data platform based on nationally available stroke registry tools that are based on nationally-recognized, evidence-based guidelines. To every extent possible, the task force shall coordinate with national voluntary health organizations involved in stroke quality improvement to avoid duplication and redundancy.

(b) Beginning with calendar year 2009 and for each subsequent calendar year, hospitals are encouraged to annually report the following information to the stroke systems task force:

- (1) The number of patients evaluated;
- (2) The number of patients receiving acute interventional therapy;

(3) The amount of time from patient presentation to delivery of acute interventional therapy;

(4) Patient length of stay;

(5) Patient functional outcome;

(6) Patient morbidity;

(7) The number of deep vein thrombosis prophylaxis given;

(8) The number of patients discharged on antiplatelet, antithrombotics or both;

(9) The number of patients with atrial fibrillation receiving anticoagulation therapy;

(10) The number of tissue plasminogen activators (tPA) administered;

(11) The number of times antithrombotic medication was administered within forty-eight (48) hours of hospitalization;

(12) The number of lipid profiles ordered during hospitalization;

(13) The number of screens for dysphagia performed;

(14) The number of times stroke education was provided;

(15) The number of times a smoking cessation program was provided or discussed;

(16) The number of patients assessed for rehabilitation and whether a plan for rehabilitation was considered;

(17) The number of emergency medical services (EMS) stroke patients transported to the facility;

(18) The number of EMS stroke patients admitted to the hospital;

(19) The number and percentage of stroke cases treated with intravenous (IV) or intraarterial (IA) tPA; and

(20) The number of patients discharged on cholesterol reducing medications.

(c) This section shall not be construed as a medical practice guideline and shall not be used to restrict the authority of a hospital to provide services for which it has received a license to provide such services under state law.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it.